U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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COLMS/	
1. File Number U - 19015	2. Fiscal Year Covered From:
	[1] / [2004] Through: [12] / [31] / [2004]
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Brinn K Hotunnon cl	Name Tutementius / Brothe word of Teams from Labor Organization File Number 039-042
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 42 Allison Ronal	Street 14 Elm Street
City Wrolding for	City Potsdom,
State New York ZIP Code +4 1369	4 State New York ZIP Code +4 13676
5. Position in labor organization. Business Acust Congan Press	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
	7.b. Amount.
Street Property of Green and the Control of the Con	.
City 32 32 3.25 2.25 2.25 2.25 2.25 2.25 2.2	
State ZIP Code +4	
	Signature
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions.)	
Signed J. T.	On 8/12/55 (3/5) 388 - 4489  Date Telephone Number

Name of Person Filing Brian K. Hammond	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZfP Code + 4	11.a. Nature of such dealing.  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name   Blitman and King  Trade Name, if any:   Afterneys and Counsloss at Lamper P.O. Box, Bldg., Room No., if any   Suite 300  Street   443 North Franklin Skeet    City   Syracuse    State   New York   ZIP Code + 4 (3264-1415)		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	